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PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number P-17.144			
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY OR OTHER THAN SMALL ENTITY			
FOR		NUMBER FILED		NUMBER EXTRA		RATE FEE		
BASIC FEE (37 CFR 1.16(a))						\$ _____		
TOTAL CLAIMS (37 CFR 1.16(c))		14 minus 20 = *				x \$ _____ =		
INDEPENDENT CLAIMS (37 CFR 1.16(b))		2 minus 3 = *				x _____ =		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+ _____ =		TOTAL	
* If the difference in column 1 is less than zero, enter "0" in column 2								
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SMALL ENTITY OR OTHER THAN SMALL ENTITY			
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE ADDITIONAL FEE	
	Total (37 CFR 1.16(c))	* Minus	**	=		x \$ _____ =		
Independent (37 CFR 1.16(b))	* Minus	***	=		x _____ =			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =		TOTAL	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE ADDITIONAL FEE	
	Total (37 CFR 1.16(c))	* Minus	**	=		x \$ _____ =		
Independent (37 CFR 1.16(b))	* Minus	***	=		x _____ =			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =		TOTAL ADDIT. FEE	
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE ADDITIONAL FEE	
	Total (37 CFR 1.16(c))	* Minus	**	=		x \$ _____ =		
Independent (37 CFR 1.16(b))	* Minus	***	=		x _____ =			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =		TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

P-17-144

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	<i>14</i>	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	<i>14</i> minus 20 =	* <i>6</i>
INDEPENDENT CLAIMS	<i>2</i> minus 3 =	* <i>1</i>
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE

OR OTHER THAN
SMALL ENTITY

RATE	FEE
BASIC FEE	375.00
X\$ 9=	
X42=	
+140=	
TOTAL	<i>375</i>

RATE	FEE
BASIC FEE	750.00
X\$18=	
X84=	
+280=	
TOTAL	

OTHER THAN
SMALL ENTITY

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
RATE	ADDI- TIONAL FEE	RATE
X\$ 9=		X\$18=
X42=		X84=
+140=		+280=
TOTAL		TOTAL ADDITIONAL FEE

AMENDMENT A

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	*	Minus	**	=	
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	*	Minus	**	=	
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>	

AMENDMENT C

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	*	Minus	**	=	
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	ADDI- TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.